



**Maine Department of Public Safety  
Office of the State Fire Marshal  
52 State House Station  
Augusta, Maine 04333-0052**

(207) 626-3880 Telephone

(207) 287-6251 Fax

<http://www.maine.gov/dps/fmo/index.htm>

**Application for Coverage by the  
Groundwater Oil Clean-up Fund  
For a discharge from an  
Aboveground Storage Tank**

DEP Spill Number:
Form Provided By:
<input type="checkbox"/> DEP RESPONDER <input type="checkbox"/> FIRE MARSHAL'S OFFICE <input type="checkbox"/> WEBSITE
Date Application Was Received:
Date Application Was Complete:
Action: <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> Deductible: \$ _____ Signature: _____ Date: _____

**DO NOT SEND ANY MONEY WITH THIS FORM!**

The rules for this program are established in Title 38 MRSA §568-A.

The applicant must be the owner of the tank involved in the discharge.  
(38 MRSA §562-A)

**The application must be received by the Office of the State Fire Marshal no more than 180 days after the discharge was reported. (This may be waived under specific circumstances.)** (38 MRSA §568-A 1 A)

Complete this applications based on conditions at the time of the discharge.

"Notice of Eligibility" and "Assignment of Deductibles" will be sent to you by certified mail. Be sure to accept this, as it will affect your rights to appeal the decisions.

You may use additional paper, as necessary, if you need more room to answer questions. You may submit photographs and other documentation you feel will help in determining the eligibility of your claim.

Definitions are at the end of this form.

**Owner of the Aboveground Storage Tank**

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name: _____ Initial: _____ Last Name: _____
Mailing Address: _____	
City: _____	State: _____ ZIP/Postal Code: _____
Telephone: _____	Email: _____
Total Aboveground Storage Capacity Owned: _____ US Gallons <b>This figure is required for approval of this application!</b> This is the total capacity of ALL aboveground tanks that the applicant owns in the State of Maine, not just the capacity of the tank involved in the discharge. Include tanks at the applicant's primary residence, seasonal properties, business properties, and all properties you rent or lease to others. Include tanks that supply heating equipment and other equipment such as generators, and tanks for storing product to be dispensed into vehicle or equipment fuel tanks or portable containers, and tanks for bulk storage for future distribution.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant applied for, or been covered by the Fund for any other discharges? If "Yes", list the DEP Spill Number, Location, and Date of the discharge, and the amount covered or requested for each request.	

Name (if any):					
Physical Address:					
City:		County:		Telephone:	
Contact Person:				Telephone:	
Type of Facility: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Other (Specify):					
Use of Tank: <input type="checkbox"/> Supply      (Includes residential heating systems and other equipment systems.) <input type="checkbox"/> Storage      (Tanks for fuel for dispensing into vehicles and equipment and portable containers, and tanks for bulk storage of fuels for distribution.)					
Approval of Tank: <input type="checkbox"/> Yes <input type="checkbox"/> No      Was the tank approved for use as an aboveground storage tank? (Tanks designed as underground tanks, and portable containers such as 55 gallon drums, are NOT approved for use as aboveground storage tanks.)					
Protection of Tank: Describe how the tank and piping were protected from physical damage, such as being struck by vehicles, falling snow and ice, falling objects, etc.					
Inspection and Maintenance: Describe the routine inspection and maintenance of the tank.					
Outstanding Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No      Is there an outstanding Statement of Deficiencies, Consent Decree, or Court Order regarding violations of Statutes, Rules and Regulations, or Codes at this facility? (If "Yes", explain)					
Location of the Tank: <input type="checkbox"/> Inside a building <input type="checkbox"/> Yes <input type="checkbox"/> No      Do the fill and vent pipes terminate outside the building? <input type="checkbox"/> Yes <input type="checkbox"/> No      Is the tank at least 5 feet from the oil burner?					
<input type="checkbox"/> Outside					
Orientation of the Tank: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical					
Base for the Tank: <input type="checkbox"/> Concrete Floor <input type="checkbox"/> Dirt or Gravel <input type="checkbox"/> Concrete Pad <input type="checkbox"/> Other (Specify):					
Supports for the Tank: <input type="checkbox"/> Metal Legs <input type="checkbox"/> Metal Stand <input type="checkbox"/> Concrete Blocks, Solid <input type="checkbox"/> Concrete Blocks, Hollow <input type="checkbox"/> Wood Stand <input type="checkbox"/> Wood Blocks <input type="checkbox"/> Other (specify):					
Overfill Protection: <input type="checkbox"/> Vent Whistle <input type="checkbox"/> Other (Specify):					
Spill Containment: <input type="checkbox"/> None <input type="checkbox"/> None Required <input type="checkbox"/> Double Wall Tank <input type="checkbox"/> Dike, Concrete <input type="checkbox"/> Dike, Earth <input type="checkbox"/> Other (Specify):					

**Storage Facility Information:****Permit Information:**

☐Yes ☐No Was there a permit or registration for the facility issued by the Office of the State Fire Marshal?  
(If "Yes" complete the following:)

Name of Permit/Registration Holder:

Address of Permit/Registration Holder:

City: State: Zip:

Permit/Registration Number:

Date Permit/Registration was issued:

**Attach a copy of the Permit or Registration to this Application.****Underground Piping:**

☐Yes ☐No Was any part of the piping from the tank underground?  
(If "Yes", complete the following:)

Piping was Constructed of:

☐Galvanized Steel ☐Fiberglass  
☐Cathodically Protected Steel ☐Unknown  
☐Flexible, Non-Metallic ☐Other (Specify:)

Piping was:

☐Single Wall ☐Double Wall

DEP Registration Number:

**Spill Prevention Control and Countermeasures Plan (SPCC):**

☐Yes ☐No Was a SPCC plan required for the facility (40 CFR 112)?  
(Aggregate Aboveground Storage Capacity greater than 1320 gallons)  
☐Yes ☐No Was there a SPCC plan for the facility that was prepared by a professional engineer?

**Discharge Information:**

Date Discharge Occurred or <u>Was Discovered</u> :		Date Discharge Was Reported to DEP:	
Size of Tank Involved:	Product:		
Amount Discharged (If known):	<input type="checkbox"/> Gasoline (any grade)		<input type="checkbox"/> K-1
	<input type="checkbox"/> Diesel fuel		<input type="checkbox"/> Waste Oil
	<input type="checkbox"/> #2 fuel oil		<input type="checkbox"/> Other (Specify):
	<input type="checkbox"/> Kerosene		
Describe how the discharge occurred and locations affected or threatened by the discharge:			
Describe the clean-up actions:			
Amount of Coverage Requested: (Submit documentation of costs with this application) \$			
<input type="checkbox"/> Costs handled by DEP			
DEP Responder's Name:		Telephone:	

**Applicant's Signature Section:****By signing this document, the applicant:**

Certifies that he or she owns or operates the facility,  
Certifies that the information contained in this application is accurate,  
Agrees to pay the deductible amount assigned,  
Agrees to permit access to all properties and buildings under the control of the applicant, for the purpose of conducting inspections and reviewing records, and

**Acknowledges that he or she understands that falsification of information in this application shall constitute grounds for denial and that pursuant to 38 MRSA §349 3 and/or 17-A MRSA §453, falsification of information contained in this document may be punishable by fines, imprisonment, or both.**

\_\_\_\_\_  
Applicant's Name (Typed or Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

**The applicant's signature is required for this application to be eligible for coverage by the Fund. (38 MRSA 568-A 1 A (2))**

**Waiver of Deductible:**

An applicant who is unable to pay the deductible assigned may contact the **Maine Department of Environmental Protection (207) 287-7192** after receiving Notice of Eligibility and Assignment of Deductible to request a waiver of deductible. The Maine DEP will inform the applicant of what documentation is required to determine the applicant's eligibility for a Waiver of Deductible. The Maine DEP will make the decision on eligibility for a Waiver of Deductible.

**Definitions (for use on this form):**

**Capacity:** the nominal capacity of a tank, whether the tank is full, part full, or empty.

**DEP:** Maine Department of Environmental Protection.

**Discharge:** any spill, leak, discharge, or release of a petroleum product

**Product:** any petroleum product such as gasoline, diesel fuel, #2 fuel, kerosene, k-1, waste oil, etc.